

APPENDIX A

NEW JERSEY DEPARTMENT OF CORRECTIONS DEPARTMENTAL RESEARCH REVIEW BOARD

RESEARCHER CHECKLIST

This checklist is to be completed by the PR and submitted with the DRRB *Research Request* application (Form 980-I).

Principal Researcher: _____ Date: _____

Type of DRRB review requested: __full panel __expedited

APPLICATION: (use X if "yes" and NA if "not applicable")

- ___ Justification provided for expedited review, if requested
- ___ Application typed or computer-generated, not hand written
- ___ Summary in non-technical terms (2 sentence maximum)
- ___ Risks specified
- ___ Benefits specified
- ___ Informed Consent Form appended
- ___ All instruments appended (e.g. questionnaires, standardized tests, interview schedules)
- ___ Advertisement for recruitment of participants appended, if relevant
- ___ Performance site(s) specified
- ___ Principal Researcher's signature on application
- ___ Names of all researchers specified
- ___ Study dates specified (beginning, ending)
- ___ Funding source(s), if any, specified
- ___ Approval letter(s) from ALL relevant school IRBs appended
- ___ FINAL disposal of data (and time) specified
- ___ If applicant is a STUDENT, advisor signature on page 2
- ___ Inclusion/exclusion criteria specified
- ___ Inclusion of women and/or minorities addressed in text

INFORMED CONSENT FORM *(must be written in non-technical terms for participants)*

- ___ Study description and goals
- ___ Benefits to participant specified
- ___ Duration of participation (e.g. minutes, days, months, number of sessions, etc.)
- ___ Provision and procedure for accessing counseling specified, if participants may be affected adversely
- ___ Alternatives to participation, if applicable
- ___ Freedom to withdraw from study at any time without penalty: STATED PROMINENTLY
- ___ Conditions under which Researcher may terminate subject's participation, if relevant
- ___ Number of participants in overall study
- ___ Line for participant to initial EACH page of informed consent form
- ___ New Jersey Department of Corrections Disclaimer
- ___ Names, phone numbers, addresses of contact persons (researchers AND DRRB)
- ___ Signature lines for participant AND researcher; witness signature line if appropriate
- ___ Video, audio, and/or photographic consent, if applicable
- ___ Translation into appropriate foreign language, if applicable
- ___ Pregnancy waiver, if applicable
- ___ Specification of any groups to be excluded from the study (e.g. women, minorities)
- ___ Specification of whether research results (individual, group) will be provided to participant
- ___ Explicit assurance of participant's confidentiality/anonymity in researcher's reports of findings
- ___ Consistent use of "I / you" in the text

Researcher Comments: